

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13329**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>455</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b> b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) <b>St. Joseph</b> c. LENGTH OF STAY (in this place) <b>39 yrs</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2907 North 6th Street</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b> d. STREET ADDRESS (If rural, give location) <b>2907 North 6th Street</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Albert</b> c. (Last) <b>King.</b>		<b>4. DATE OF DEATH</b> (Month) <b>April</b> (Day) <b>14</b> (Year) <b>1953</b>		<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>Wht.</b>	
<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>July 13, 1885</b>		<b>9. AGE (In years last birthday)</b> <b>67 yrs</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Telegraph Operator</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Polo Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>		<b>13a. FATHER'S NAME</b> <b>William King</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Nancy J. Jones</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Elizabeth King</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>708-10-1911</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Elizabeth King</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Coronary Artery Disease</b> <b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <b>DUE TO (c)</b> <b>Aortic &amp; Mitral Valvular Disease</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>unknown</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4/20/1</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <b>1/13, 1953</b> <b>to</b> <b>4/14, 1953</b> <b>that I last saw the deceased alive on</b> <b>2/27, 1953</b> , <b>and that death occurred at</b> <b>6:00A. m.</b> , <b>from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <b>Dr. Redmond</b>		<b>23b. ADDRESS</b> <b>St. Joseph, Mo.</b>		<b>23c. DATE SIGNED</b> <b>4/14/53</b>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>4-17-1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Auburn Cemetery</b>		<b>24d. LOCATION (City, town, or county)</b> (State) <b>St. Joseph Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>April 18, 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Lothar M. Allison</b>		<b>485</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Stacy Thomas</b>	
						<b>ADDRESS</b> <b>St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Charles E. Bennett*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.